

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37334

PLACE OF DEATH

County Newton

Registration District No. 614

File No. 23

Township Granby

Primary Registration District No. 4555

Registered No. 46

City Granby (No.)

St. Ward)

FULL NAME Jackie Thomas Bell

(a) Residence, No. Granby St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-1-1936</u>		
7. AGE <u>3</u>	YEARS <u>7</u>	MONTHS <u>—</u>
DAYS <u>—</u>		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Granby (STATE OR COUNTRY) mo

13. NAME Joel Bell

14. BIRTHPLACE (CITY OR TOWN) California (STATE OR COUNTRY)

15. MAIDEN NAME Minnie Johnson

16. BIRTHPLACE (CITY OR TOWN) Lincoln Mo (STATE OR COUNTRY)

17. INFORMANT Joel Bell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Granby DATE Dec 1 1933

19. UNDERTAKER W. S. Murphy (ADDRESS) Granby

20. FILED 12-1-1933 BY M. J. Palmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26th 1933, to Nov 30 1933

I last saw him alive on Nov 30 1933 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset

Other contributory causes of importance:

Name of operation X Date of X
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) J. W. Langley, M. D.
(Address) Box 246 Granby Mo

